



## VOLUNTEER SERVICES APPLICATION

### PERSONAL DATA:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ SS#: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
If licensed to practice in a profession, please list the profession and state in which licensed: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ (Work) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single

### EDUCATION:

<u>Name of School:</u>	<u>Date Graduated</u>	<u>Diploma/Major</u>
_____	_____	_____
_____	_____	_____

Are you a licensed driver? \_\_\_\_\_

What would you like to do as a volunteer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List previous experience that may be helpful as a volunteer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any skills, hobbies or interests that may be helpful as a volunteer: \_\_\_\_\_  
\_\_\_\_\_

List preferences as to days & times you are available to volunteer: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about our volunteer program: ☐ Newspaper ☐ Mail ☐ Family ☐ Presentation ☐ Health Fair  
Other: \_\_\_\_\_

Being very brief, what do you feel is most important when providing direct customer service (Being a volunteer with one of our customer/clients.)  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address, City, Zip: \_\_\_\_\_

Do you have any physical limitations that would prevent you from performing direct volunteer care or administrative volunteer assignments? ☐ Yes ☐ No. If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Where would you be able to work (name counties, towns) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**All volunteers are asked to volunteer for at least six months following the orientation and administrative enrollment. All volunteers are requested to commit at least 2 - 4 hours per week during those six months. Are you capable of meeting this request?**      ☐ **yes**      ☐ **no**

REFERENCES (Please do not list relatives):

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Volunteer Services Application  
(Instructions for Completion)**

**PURPOSE:**

The purpose of the Volunteer Services Application is to provide a tool that will help with screening potential applicants for volunteer services. The information provided on this form will assist supervisors (and interview committees) in evaluating applicant's capabilities, background and interest.

**EXPLANATION AND DEFINITION:**

The application requests personal data including education, past employment and references. It also asks for specific information about interests, hobbies and skills that would be helpful to a volunteer in providing services for our clientele.

The application also asks about the applicant's availability of times for volunteer work and their preference for assignments in specific localities.

**ITEM BY ITEM INSTRUCTIONS FOR COMPLETION:**

**PERSONAL DATA**

Name: Print your full name- first, middle and last.

Date: Enter the date the application is completed - month, day and year.

Address: Enter your street address and apartment number.

SS#: Provide your social security number.

City, State, Zip: Enter the city, state and zip code for your address.

County: Enter the county in which you reside.

Employer: Enter the name and address of employer, if applicable.

Position: Enter the title of the employment position which you presently hold.

Licensed to practice in a profession: Provide the profession and state in which you are licensed.

Phone (Home): Enter your home area code and phone number.

(Work): Enter your work area code and phone number.

Date of Birth: Provide the month, day and year of your birth.

Marital Status: Provide you marital status.

**EDUCATION:**

Name of School: Enter the name of the high school and/or college that you attended. Provide the address, city and state.

Date Graduated: Enter the date which you graduated or the last grade completed.

Diploma/Major: Enter the title of your diploma and your major area of study.

Licensed driver: Enter the answer of yes or no.

What would you like to do: Summarize the types of activities which you would like to provide as a volunteer.

Previous experience: List your previous experiences as a volunteer.

Skills, Interests: List any skills, interests or hobbies that might help you in your job as a volunteer.

Preferences as to days & times: List days of the week and times that you would be available to provide volunteer services.

Hear about volunteer program: Check the appropriate source where you learned about the volunteer program.

Being very brief, what: Summarize what you feel would be most important in your work as a volunteer with a client.

Have you ever been convicted: Enter yes or no if you have been convicted of a misdemeanor or felony. Explain the circumstances.

Physician's Name: Enter your doctor's full name.

Phone: Provide your physician's phone number.

Address, City, Zip: Enter your physician's full address.

Do you have any physical limitations: Please answer yes or no if you have any physical limitations that you have that might prevent you from providing volunteer services. Explain these limits.

Where: List the towns, counties or areas where you would like to work.

Emergency Contact: List the full name of the person you would like us to contact in an emergency situation.

Phone: Enter the emergency contact's phone number.

Relationship: Provide the your relationship to the emergency contact.

Alternate Phone: List an alternative contact phone number to use in emergency situations.

All volunteers are asked: Answer yes or no to the ability to commit 2 - 4 hours a week for six months.

**References:**

Name: Provide the first, middle and last name of your reference.

Years Known: Enter the number of years you have known the reference.

Address: Enter the full address, city and zip of the reference.

Signature: Enter your signature.

Date: Enter the date you sign this application.

**OFFICE MECHANICS AND FILING**

The original of this form is to be kept by the Volunteer Coordinator, the Volunteer Supervisor or in the district personnel office.